

U.S. Department of Labor
Office of Labor-Management
Standards
Washington, DC 20210

Amended

FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No. 1215-0168
Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

<p>1. File Number U - <u>5129</u></p>	<p>2. Fiscal Year Covered From:</p> <p style="text-align: center;"><u>01</u> / <u>01</u> / <u>2004</u> Through: <u>12</u> / <u>31</u> / <u>2004</u></p>
<p>3. Name and address of person filing.</p> <p>Name <u>Michael</u> <u>V</u> <u>Belluzzi</u></p> <p>P.O. Box, Bldg., Room No., if any _____</p> <p>Street <u>9 Pinewood Road</u></p> <p>City <u>Hopewell Junction</u></p> <p>State <u>NY</u> ZIP Code + 4 <u>12533</u></p>	<p>4. Name, file number, and address of labor organization.</p> <p>Name <u>SMW IU No. 28</u></p> <p>Labor Organization File Number <u>011-371</u></p> <p>P.O. Box, Building and Room Number, if any _____</p> <p>Street <u>500 Greenwich Street</u></p> <p>City <u>New York</u></p> <p>State <u>NY</u> ZIP Code + 4 <u>10013</u></p>
<p>5. Position in labor organization.</p> <p style="text-align: center;"><u>Financial Secretary - Treasurer</u></p>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions).

<p>A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.</p>	
<p>6. Name and address of Employer (including trade name, if any).</p> <p>Name _____</p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any _____</p> <p>Street _____</p> <p>City _____</p> <p>State _____ ZIP Code + 4 _____</p>	<p>7.a. Nature of Interest, Transaction, or Income.</p> <div style="border: 1px solid black; height: 80px; margin: 5px;"></div> <p>7.b. Amount</p> <div style="border: 1px solid black; width: 150px; height: 30px; margin: 5px;"></div>

Signature

16. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed Michael V Belluzzi

On

Date

On 8/1/05 Telephone Number 212 944-7700

Name of Person Filing <u>Michael Y Bellizzi</u>	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name NEW YORK LIFE RETIREMENT PLAN SERVICES

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 690 CANTON ST

City WESTWOOD

State MASS ZIP Code + 4 02090

9. Business deals with:

☐ a. Labor Organization

☒ b. Trust

☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name SMWLU NO. 28 ANNUITY FUND

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 195 Mineola Blvd

City Mineola

State Ny ZIP Code + 4 11501

11.a. Nature of such dealing.

ANNUITY BENEFITS ADMINISTRATION

11.b. Approximate dollar value of such dealing.

No Available

12.a. Nature of interest held or income received.

Meals and Lodging - Westwood Mass. - 9/22/04

12.b. Amount (ESTIMATE)

\$ 908

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

14.b. Amount of payment.

Name of Person Filing <u>Michael V Bulluzzi</u>	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name NEW YORK LIFE RETIREMENT PLAN SERVICES

Trade Name, if any: _____

P.O. Box, Bldg., Room No., if any _____

Street 690 CANTON ST

City WATWOOD

State MASS ZIP Code + 4 02090

9. Business deals with:

- ☐ a. Labor Organization
☒ b. Trust
☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name SMITH NO. 28 ANNUITY FUND

Trade Name, if any: _____

P.O. Box, Bldg., Room No., if any _____

Street 195 MINNEAPOLIS BLVD

City MINNEAPOLIS

State NY ZIP Code + 4 11501

11.a. Nature of such dealing.

ANNUITY BENEFITS ADMINISTRATION

11.b. Approximate dollar value of such dealing.

NO ANNUITY

12.a. Nature of interest held or income received.

GOLF CARTING - LAS VEGAS
NY - 10/1/04

12.b. Amount.

ESTIMATE

\$123

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name _____

Trade Name, if any: _____

P.O. Box, Bldg., Room No., if any _____

Street _____

City _____

State _____ ZIP Code + 4 _____

14.a. Nature of payment.

13.b. Is the Business an Employer ☐

or Consultant ☐

?

14.b. Amount of payment.

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name Invesco
 Trade Name, if any:
 P.O. Box, Bldg., Room No., if any
 Street 1166 Avenue of the Americas
 City New York
 State NY ZIP Code + 4 10036

9. Business deals with:

- ☐ a. Labor Organization
☒ b. Trust
☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name Smully No. 28 Benefit Funds
(Welfare, Annuity & Pension Funds)
 Trade Name, if any:
 P.O. Box, Bldg., Room No., if any
 Street 195 Mineola Blvd
 City Mineola
 State NY ZIP Code + 4 11501

11.a. Nature of such dealing.

Investment Advisor

11.b. Approximate dollar value of such dealing.

Not available

12.a. Nature of interest held or income received.

Golf outing - Las Vegas
NY - 10/04

12.b. Amount. (ESTIMATE)

\$150

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name
 Trade Name, if any:
 P.O. Box, Bldg., Room No., if any
 Street
 City
 State ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

14.b. Amount of payment.